

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Faith Havest Establishment Address (number and street, city, state, zip code) (0310 Better Rd. Greaville, IN 47124 Owner Owner's Address Person in Charge Just Wright Responsible Person's E-mail Certified Food Manager				Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C	Releas // of Violation NC	dys ns:	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative			To Be Co	rrected By	
			No violations.					
Received by	(name and	title p	rinted):	Inspected by (name and title p	Inspected by (name and title printed):			
<u> </u>	inet	U	DRIGHT	A.J. I	A.J. Ingram (EHS)			
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